

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2012
FORM APPROVED
OMB NO. 0938-0391

45th 5/05/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure sprinkler heads were free of paint (NFPA 25, 5.2.1.1.2). The findings include: Observation and interview with the Maintenance Director, on March 19, 2012 at 10:30 a.m. confirmed the sprinkler head deflector in the kitchen janitor's closet was partially covered with paint. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 19, 2012.</p>	K 062	<p><u>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>a) On 3/19/12, the maintenance director removed the paint from the sprinkler head. b) On 03/19/12, the maintenance director was in-serviced by the facility's executive director on the importance of continuously ensuring that sprinkler heads are free from paint and are checked weekly.</p> <p><u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>a) All facility residents have the potential to be affected by this deficient practice. b) On 03/19/12, the maintenance director checked all sprinkler heads in the facility to ensure they were free from paint. All sprinkler heads were found to be free from paint.</p> <p><u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u></p> <p>a) On 03/19/12, all maintenance personnel were in-serviced by the maintenance director on assuring sprinkler heads were free of paint and the importance of ensuring sprinkler heads are maintained. b) The maintenance director will audit sprinkler heads to ensure they are properly maintained weekly for 4 weeks and monthly for 2 months.</p>	5/5/12	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to power strips were not used for medical devices. (NFPA 99, 3-3.2.1.2 (d) (2) The findings include: Observation and interview with the Maintenance Director, on March 19, 2012 at 12:10 p.m. confirmed the use of power strips with medical</p>				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jennifer C. Colman, MA Executive Director

4/2/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 147	Continued From page 1 devices plugged into them in Resident room 327 with an electric bed plugged into it and Resident room 121 was observed with one (1) power strip with an Oxygen concentrator and "Easy Air" breathing machine plugged into it. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 19, 2012.	K062	How the corrective actions will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place: a) The maintenance director will report the results of the sprinkler head audits to the performance improvement committee for 3 months. b) The performance improvement committee will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved. c) Performance improvement committee members are the executive director, the medical director, the director of nursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the business office manager, the housekeeping supervisor, the staff development coordinator, and the wound care nurse.		5/5/12
		K147	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice: a) On 3/19/12, the maintenance director moved the electric bed plug in room 327 to an outlet. b) On 03/21/12, the maintenance director added outlets to room 121 to allow all medical equipment to be powered directly from an outlet.		5/5/12

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/19/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E ELIZABETHTON, TN 37643		
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N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure dirty areas were maintained at a negative pressure by having an operable exhaust. The findings include: Observation and interview with the Maintenance Director, on March 19, 2012 p.m. at 10:25 a.m. confirmed the laundry soiled linen room and Kitchen janitors closet were not at a negative pressure and the exhaust was not working. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 19, 2012.	K147	c) On 3/19/12 the maintenance director was in-serviced by the facility's executive director on ensuring that medical equipment is not plugged into power strips. <u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u> a) All facility residents have the potential to be affected by this deficient practice. b) On 03/19/12, the maintenance director audited all medical equipment in the facility to ensure that power strips were not being used to power medical equipment in the facility. All other medical equipment was in compliance. <u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u> a) On 03/19/12, all maintenance personnel were in-serviced by the maintenance director on assuring medical equipment is not plugged into power strips, by the maintenance director. b) On 04/18/12 and on 04/20/12, all staff will be in-serviced on regulatory compliance concerns of using power strips to power medical equipment by the maintenance director. c) The maintenance director will audit medical equipment to ensure power strips are not being used throughout the facility for 4 weeks and monthly for 2 months. <u>How the corrective actions will be monitored to ensure the deficient practice will not recur: i.e., what quality assurance program will be put into place:</u>	5/5/12	
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions				

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6099

EY8Z21

If continuation sheet 1 of 2

(X6) DATE

4/2/12

Division of Health Care Facilities

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N1410	Continued From page 1 and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (i) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure an earthquake drill was exercised annually. The findings include: Interview and record review with the Maintenance Director on March 19, 2012 at 10:15 a.m. confirmed the facility failed to perform earthquake drills annually. There was no documentation to indicate earthquake drills or in-service training was conducted in 2012 or 2011. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 19, 2012.	K 147	a) The maintenance director will report the results of the medical equipment/power strip audit to the performance improvement committee for 3 months. b) The performance improvement committee will review the results; and if deemed necessary by the committee, additional education may be provided. The process may be evaluated/revised and/or the audits reviewed for 3 months or until 100% compliance is achieved. c) Performance improvement committee members are the executive director, the medical director, the director of nursing, the assistant director of nursing, the MDS coordinator, the PPS nurse, the rehab services manager, the social services director, the dietary manager, the pharmacist, the maintenance director, the business office manager, the housekeeping supervisor, the staff development coordinator, and the wound care nurse.	5/5/12
		N848	<u>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</u> a) On 3/19/12, the maintenance director called and ordered exhaust fans. On 04/02/12, the maintenance director replaced the exhaust fans in the kitchen janitor's closet and in the laundry soiled linen room. Both rooms maintain negative air pressure. b) On 3/19/12, the maintenance director was in-serviced by the facility's executive director on ensuring that the facility adheres to building standards and specifications of maintaining negative air pressure in soiled spaces.	5/5/12